

## PAYMENT REQUEST


### State Grant Programs

***See instructions on reverse.***

1. PROJECT NUMBER	2. CONTRACT NUMBER ____ _
3. APPLICANT	
4. PROJECT TITLE	
5. TYPE OF PAYMENT <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement <input type="checkbox"/> Final	

<b>6. PAYMENT INFORMATION</b> <i>(Round all figures to the nearest dollar)</i>	
a. Grant Project Amount	\$ _____
b. Funds Received To Date	\$ _____
c. Available ( <i>a. minus b.</i> )	\$ _____
d. Amount Of This Request	\$ <div style="border: 1px solid black; width: 200px; height: 20px;"></div>
e. Remaining Funds After This Payment ( <i>c. minus d.</i> )	\$ _____

<b>7. SEND WARRANT TO:</b>	
AGENCY NAME	
STREET ADDRESS	
CITY/STATE/ZIP CODE	
ATTENTION	

8. I represent and warrant that I have full authority to execute this payment request on behalf of the Grantee. I declare under penalty of perjury, under the laws of the State of California, that this report, and any accompanying documents, for the above-mentioned Grant is true and correct to the best of my knowledge		
SIGNATURE OF PERSON AUTHORIZED IN RESOLUTION	TITLE	DATE
		

<b>FOR CALIFORNIA DEPARTMENT OF PARKS AND RECREATION USE ONLY</b>	
PAYMENT APPROVAL SIGNATURE	DATE
